

**Abstract 247****TITLE:** Timely Health Care Seeking for HIV/AIDS Among Asian and Pacific Islanders**AUTHOR:** Bhattacharya, Gauri (University of Illinois at Urbana, IL)

**ISSUE:** Between 1997 and 1998, in New York City, the rate of diagnoses with pneumocystis carinii pneumonia (PCP) decreased for Caucasians (50%), African Americans (40%), and Latinos (40%). But for Asians and Pacific Islanders (APIs), the rate increased by 30%. The nonseeking of or delay in seeking health care, unless APIs are in advanced stages of HIV, may partly explain this high rate because PCP is preventable with the use of commonly available prophylactic agents. An examination of the factors that individuals consider as barriers to disclosing their HIV/AIDS status may predict nontreatment of or the delay in seeking treatment.

**SETTING/INTENDED AUDIENCE:** People who are engaged in HIV prevention behavioral research and program development for multicultural population and in community-based HIV/AIDS prevention and outreach programs for APIs are the intended audience of this study.

**PROJECT:** The sociocultural, spiritual, psychological, behavioral, and environmental factors associated with health care seeking for HIV/AIDS were explored. A conceptual framework, guided by the cultural competence paradigm and grounded in sociopsychological theories of health behavior, was developed. This framework consisted of (1) a culturally competent needs analysis process and (2) a community-based interventions program. A public health approach that integrated individual factors (such as perceived health risks) with macrolevel factors (such as social, familial, and environmental) was followed.

**RESULTS:** The willingness to seek health care for HIV/AIDS involves substantial personal and/or social costs (including cultural stigma, family abandonment/shame, and possible deportation owing to one's illegal alien status). Perceptions of social norms regarding homosexuality inhibit health care seeking among APIs because HIV/AIDS infection is generally associated with sexual behavior. Low levels of acculturation, belief in Karma (a sense of fatalism), current and proposed changes in U. S. immigration laws requiring healthcare providers to report immigrants' legal status to the U. S. Immigration and Naturalization Service, and low socioeconomic status are predictors of the delay in failure to seek timely treatment for HIV/AIDS among APIs.

**LESSONS LEARNED:** Changing behavior to seek timely treatment for HIV/AIDS requires an understanding of the circumstances surrounding and supporting the individuals. Unless the perceived costs are offset by a strong motivation to reduce risks or by other reasons to engage in those behaviors, it is unlikely that a person will take action. Program components must change as the perceptions of the costs and benefits change over time with the changing "culture" of the HIV/AIDS epidemic and welfare reform measures.

**PRESENTER CONTACT INFORMATION****Name:** Gauri Bhattacharya**Address:** 1207 W. Oregon St.  
Urbana, IL 61801**Telephone:** (217) 328-3067**Fax:** (217) 328-3067**E-mail:** [gbhattac@uiuc.edu](mailto:gbhattac@uiuc.edu)